

COMMITTEE ON LEGISLATIVE RESEARCH
OVERSIGHT DIVISION

FISCAL NOTE

L.R. No.: 3870-01
Bill No.: HB 1887
Subject: Elderly; Health Care; Health Care Professionals; Social Services Dept.
Type: Original
Date: March 20, 2002

FISCAL SUMMARY

ESTIMATED NET EFFECT ON STATE FUNDS			
FUND AFFECTED	FY 2003	FY 2004	FY 2005
General Revenue	(Unknown exceeding \$1,155,022)	(Unknown exceeding \$1,593,047)	(Unknown exceeding \$1,642,103)
Total Estimated Net Effect on <u>All</u> State Funds	(Unknown exceeding \$1,155,022)	(Unknown exceeding \$1,593,047)	(Unknown exceeding \$1,642,103)

ESTIMATED NET EFFECT ON FEDERAL FUNDS			
FUND AFFECTED	FY 2003	FY 2004	FY 2005
Total Estimated Net Effect on <u>All</u> Federal Funds*	\$0	\$0	\$0

* Revenues and expenditures to exceed \$1.3 million annually and net to \$0.

ESTIMATED NET EFFECT ON LOCAL FUNDS			
FUND AFFECTED	FY 2003	FY 2004	FY 2005
Local Government	\$0	\$0	\$0

Numbers within parentheses: () indicate costs or losses.

This fiscal note contains 16 pages.

FISCAL ANALYSIS

ASSUMPTION

Officials from the **Office of the Secretary of State (SOS)** state this bill creates the “Safe at Home Act,” modifies the reporting of elder abuse and neglect and includes provisions for in-home services to the elderly. The Department of Health and Senior Services and the Department of Social Services will promulgate rules to implement this bill. These rules will be published in both the *Missouri Register* and the *Code of State Regulations*. Based on experience with other divisions, the rules, regulations and forms issued by the Department could require as many as 26 pages in the *Code of State Regulations*. For any given rule, roughly one-half again as many pages are published in the *Missouri Register* as are published in the Code because cost statements, fiscal notes and notices are not published in the Code. The estimated cost of a page in the *Missouri Register* is \$23.00. The estimated cost of a page in the *Code of State Regulations* is \$27.00. The actual costs could be more or less than the numbers given. The fiscal impact of this legislation in future years is unknown and depends upon the frequency and length of rules filed, amended, rescinded and withdrawn. The SOS estimates the cost of this legislation to be \$1,716 [(26 pp x \$27) + (39 pp x \$23)].

Oversight assumes the SOS could absorb the costs of printing and distributing regulations related to this proposal. If multiple bills pass which require the printing and distribution of regulations at substantial costs, the SOS could request funding through the appropriation process. Any decisions to raise fees to defray costs would likely be made in subsequent fiscal years.

Officials from the **Office of Administration - Administrative Hearing Commission (AHC)** anticipates that this legislation will not significantly alter its caseload. However, if other similar bills also pass, there will be a fiscal impact. If there are more cases, or more complex cases, there could be a fiscal impact.

Officials from the **Office of State Public Defender, Department of Mental Health, Office of State Courts Administrator, Office of Attorney General, Department of Public Safety (DPS)- Missouri Highway Patrol and DPS - MO Veterans' Commission** assume the proposed legislation will not fiscally impact their organization.

Officials from the **Department of Health and Senior Services (DOH)** provided the following assumptions related to the proposed legislation:

660.058 Area Plans & Budgets:

Repeals the time specific requirements for division and area agency on aging activities related specifically to area plans and budgets. As required by federal law, the DOH Division of Senior
ASSUMPTION (continued)

Services will continue to distribute funds based on funding formulas, review area plans, conduct public hearings, and monitor agencies as required. **The department anticipates no significant fiscal impact.**

Section 660.250 Definitions:

Throughout the definitions, the reference to department of social services is deleted and in its place adds the department of health and senior services. Also added to list of definitions is home health agency, home health agency employee, and home health care patient. **This will result in no fiscal impact to the division.**

Section 660.252 Safe at Home Act and Medicaid Participation Agreements:

Requires Medicaid Participation Agreements contain a requirement for training on elder abuse. Although the impact of this requirement will be calculated by the Department of Social Services, Division of Medical Services, current training requirements are mandated for all contracted in-home services provider agencies in accordance with 13 CSR 15-7.021 (19). Included in required training topics is recognizing and reporting abuse, neglect, and/or exploitation of the elderly or disabled clients. The cost of staff providing training upon request as an in-service for provider agencies will be absorbed by the department. **The department anticipates no significant fiscal impact.**

Section 660.260 Prompt Initiation of Investigations:

Requires the department to promptly initiate all investigations and investigate reports which indicate a clear and immediate danger within 24 hours. Currently, the DOH Division of Senior Services classifies hotlines based on the degree of imminent danger or risk of immediate harm to the client according to the information contained in the report. Reports classified as the highest risk (i.e., Class I) require immediate initiation of investigation and generally a face-to-face visit within 24 hours. In FY01, 2,493 investigations were completed on Class I hotlines. Of the reports followed by a visit, 93% were seen within 24 hours.

In FY01, the former Division of Aging received a total of 15,718 hotline reports of which 13,524 required investigation: 2,659 Class I; 10,965 Class II; and 2,158 Class III. During the fiscal year, the division completed 12,733 investigations: 2,493 Class I and 10,240 Class II. It is currently division policy to immediately initiate and investigate reports indicating a clear and immediate danger within twenty-four hours. **The department anticipates no significant fiscal impact.**

Section 660.300 1. Mandated Reporters and Ongoing Contact with Physician:

Expands professionals mandated to report suspected abuse/neglect of in-home services clients. Currently the department responds to all reports of elder abuse regardless of reporter identity. ASSUMPTION (continued)

Increases in calls to the aging hotline as a result of added professionals is indeterminate.

Requires on-going contact by state staff with physicians who report abuse/neglect of an in-home services client.

Current policy requires phone contact with all reporters upon receipt of a hotline report to obtain further information and to inform the reporter of the confidential nature of the report and statutory immunity or protection as is necessary to gain information. Contact with physicians is currently maintained on an as needed basis in accordance with the specific circumstances of the

case. The DOH Division of Senior Services will revise policy to ensure ongoing contact throughout the course of the investigation when the reporter is a physician. **The department anticipates no significant fiscal impact.**

Section 660.300. 2. Authorization of In-Home Provider Nurses:

The proposed legislation allows for the DOH to authorize units of in-home services provider nurse hours to assist or aid the client's case manager in the investigation of abuse/neglect or noncompliance with their plan of services. The DOH assumes for the purposes of this fiscal note, references to in-home services provider nurses are registered nurses licensed pursuant to chapter 335, RSMo.

In FY01, the former Division of Aging completed 12,733 investigations of hotline reports and the estimates that there will be 14,039 investigations in FY03. In FY01 9.9% of the hotline reports were made by in-home service provider agencies. The DOH estimates that 9.9% or 1,390 investigations will be completed on behalf of in-home services clients as a result of provider reports. Under the proposed legislation, current staffing levels would be insufficient to require department nurses to fulfill this mandate. The department would therefore utilize in-home services nurses to assist in these investigations. It is estimated that four provider nurse visits would be required and authorized per investigation.

Of the 54,038 in-home services clients, 13.58% are non-Medicaid clients whose services are paid by state GR funds. The DOH, therefore, estimates 13.58% of the in-home client investigations (1,390) will be for non-Medicaid clients, requiring additional GR funds for authorization of nurse visits. The DOH assumes that the Division of Medical Services, Department of Social Services will submit the costs for nurse visits for the 1,201 investigations conducted on behalf of Medicaid in-home services clients. **The DOH will need \$28,579 (1,390 x 13.58 or 189 investigations requiring 4 visits @ \$37.85 per unit) to pay for authorized nurse visits.**

Section 660.300. 3. AAA Training on Elder Abuse and Neglect:

Mandates, upon request, that area agency on aging offices provide training regarding detection and reporting of abuse/neglect to mandated reporters as outlined in section 1. The DOH Division of Senior ASSUMPTION (continued)

Services will absorb the cost of providing qualified trainers when available to conduct train-the-trainer sessions and with printed material when available. The division estimates the cost associated with training sessions based on the following assumptions:

- AAAs will hold training in conjunction with other regularly scheduled training (such as ombudsman program, nutrition program, transportation program, or in home program) thereby sharing the cost of the session;
- AAAs will utilize a portion of their Elder Rights or Abuse and Neglect funds for the provision of the training services, however, these resources will be inadequate to fund the training in its entirety as the funds are currently being used.

The DOH, therefore, would require additional funds of \$10,000 to be distributed to the AAAs

based on the following methodology:

- > Each of the ten Area Agency on Aging offices will average quarterly training sessions within their area at a cost of \$250 per agency (\$1,000 per AAA);
- > Funds will be distributed based on the request of an agency that has scheduled training within their area;
- > Funds may be used for any combination of expenses related to training mandated reporters regarding elder abuse such as printed materials, meeting accommodations or expenses associated with training adequate trainers.

Section 660.300.12. Administrative Penalties:

Adds home health patient to the list of abusers that can be found guilty of a class D felony. Allows the department to administer monetary penalties of up to \$1,000 against in-home providers for failure to report known abuse should such in-home service provider be found guilty in a court. Mandates the Administrative Hearing Commission conduct an appeal process and requires the department to establish a quality assurance and supervision process for clients that include a component for the in-home provider agencies to conduct random visits to verify compliance with program standards and accuracy of records kept by their employees. **The department anticipates no significant fiscal impact.**

Section 660.300. 13. Employee Disqualification List and Penalty Provision:

Permits the addition of home health employees to the Employee Disqualification List and creates a criminal penalty for providers and home health agencies that knowingly hire an individual whose name appears on any of the background lists mandated by 210.900 to 210.936 or individuals that refuse to register with the Family Care Safety Registry.

ASSUMPTION (continued)

Section 660.300. 14 Safe at Home Evaluations:

Requires the department to implement a tool and conduct ""Safe at Home Evaluations"" to determine the client's physical, mental and environmental capacity. Mandates nurses authorize each plan of care; in-home services provider nurse may be authorized to conduct assessment of the plan of care and client's condition, or may be accessed through expertise, services or programs of other departments and agencies on a case-by-case basis including referral to mental health professionals for evaluation and treatment.

Current policy and regulation requires the DOH Division of Senior Services Social Service Worker conduct the assessment and develop the care plan in conjunction with the client and the provider. Department nurses are required to review all care plans that include advanced care components or for clients who have complex medical care needs. Under the proposed legislation, current staffing levels would be insufficient to allow department nurses to fulfill this mandate; therefore, the department will utilize in-home services nurses to conduct assessments

and establish the plan of care. The department assumes this participation by a provider nurse will constitute "authorization " as required by this subsection. The in-home services nurses to provide the investigations will be included in Section 660.300. 15.

Section 660.300. 15 Authorized Nurse Visits:

Requires department to authorize at least two nurse visits per year for the purpose of assessing the client and the client's plan of services; upon notification of needed changes, the department shall make a client evaluation. Allows the department to reimburse providers for the authorized nurse visit outside the nursing home cap for in-home services clients. The DOH assumes that the impact of costs associated with authorized nurse visits for Medicaid clients will be submitted by the Department of Social Services, Division of Medical Services. The rate for an authorized nurse visit is currently \$37.85 per visit.

The DOH Division of Senior Services serves approximately 5,252 clients who do not have Medicaid benefits to pay for care and are not currently authorized for nurse visits. The number of nurse visits is estimated to be 10,504 (5,252 clients x 2) and the cost per nurse visit is \$37.85. Therefore, the estimated costs are:

Total Estimated In-Home Services Program Costs \$397,576.

The division anticipates no staff impact as current policy requires Social Service Worker home visits at the initiation of services, annual reassessments, and when changes in condition or circumstances of the client are significant.

ASSUMPTION (continued)

Section 660.300 16. Client Rights:

Requires that the department advise all in-home clients of their rights and establish a process to receive these non-abuse and neglect calls other than the hotline. The division currently requests that calls from clients be handled through the local office. No fiscal impact is anticipated as workers are required by policy to advise all in-home clients of their rights including their right to contact the department and express dissatisfaction with their services. A toll-free hotline is available for clients who would incur long-distance charges when calling the local office. The DOH will revise policies to ensure that calls that express dissatisfaction with services are not classified as hotlines unless there has been some type of injury or harm to the client as a result of service delivery problems. **The department anticipates no fiscal impact.**

Section 660.300.17 Nurse Visits:

Requires reimbursement, subject to appropriations, for authorized nurse visits pursuant to sections 660.250 - 660.300. Costs for authorized visits are included in 660.300.15. The DOH assumes that it is not the intention of the sponsor that the department nurses complete the visits

required pursuant to sections 660.250 - 660.300 that would otherwise be authorized provider nurse visits should there be no appropriation. **Fiscal impact included at section 660.300 15.**

Section 660.302. 1. Prompt Referral of "Suspected Cases":

Requires the department to promptly refer all suspected cases of elder abuse to appropriate law enforcement agencies and determine the need for adult protective services. The department assumes the prosecutors' office and law enforcement agencies will determine the fiscal impact associated with additional referrals resulting from the language requiring the division to refer all cases of "suspected" elder abuse. There were 12,733 investigations completed in FY01; 56.4% (7,181 cases) have investigative findings of reason to believe and 18.6% (2,368 cases) have findings in which the allegations were suspected to have occurred.

Although the previous law requires that all "substantiated cases" be referred to law enforcement or the prosecutors, current policy (Policy 1703.30) requires joint-investigation with law enforcement any time report allegations indicate or an investigation reveals information that: 1) Emergency entry of the premises is needed, 2) Emergency removal of the eligible adult from the premises is needed, 3) Caregiver or other party will (allegedly) refuse to allow the investigation to be conducted, 4) The life of the eligible adult may be in danger upon (subsequent) investigation by Department of Health and Senior Services. The eligible adult faces the likelihood of serious physical harm if not placed in a medical treatment facility, 5) Abuse or Neglect meeting the statutory definition of the Crime of Elder Abuse has occurred (Policy 1702.40), or 6) Report indicates physical evidence needs to be professionally gathered or preserved and information indicates the eligible adult is being held against his/her will.

ASSUMPTION (continued)

Other circumstances which suggest that the worker may need to involve law enforcement prior to a face-to-face visit with the reported adult include: 1) to obtain background information about subjects in the report (e.g. past law enforcement involvement, potential threat to the worker, reported adult, etc.), 2) the report indicates an unrelated serious crime may have been committed, 3) there is reason to believe the alleged perpetrator will flee if you are not accompanied by law enforcement, 4) notification of law enforcement is needed to preserve the peace, 5) it is believed that law enforcement may have relevant information about the situation (for example a past involvement in disputes, a party having been previously been jailed, etc.). Staff are required to "cooperate with law enforcement during the investigation as requested. The degree of staff involvement in the gathering of evidence shall be at the discretion of the law enforcement agency."

The DOH assumes that the policy as described meets the legislative intent of the proposal and would require no change in operation as such. **The department anticipates no fiscal impact.**

Section 660.302. 2. Cross Training with Law Enforcement:

Requires the department and law enforcement agencies to train and cross-train personnel regarding the proper handling of cases involving elder abuse and cooperatively develop a checklist for use by department and law enforcement personnel to follow when investigating

possible elder abuse.

The DOH assumes the intent of the sponsor is that department staff and law enforcement officials statewide will require training on the proper handling of cases involving elder abuse. There will be a window of time in which the state will have to bring 800+ division of senior services (formerly division of aging, home and community services) and division of health standards licensure staff (formerly division of aging, institutional services) and approximately 29,000 law enforcement officials (representing over 1,200 law enforcement agencies) into compliance with the training requirements of the legislation.

The law enforcement agencies will absorb the cost of training law enforcement officials. Once existing law enforcement officers receive the training, the curriculum will be incorporated into the required training for state certification in Missouri. There are 18 law enforcement training academies located throughout the state which offer the required 470 hours of training for all law enforcement officials to become certified.

The DOH will need one Public Health Manager position to oversee the administrative responsibilities outlined in the bill. The administrator will work with the Highway Patrol, Sheriff's Association, Law Enforcement Training Academies, and other such agencies and associations to fulfill the requirements of joint training, developing accurate curriculum including the mandated checklist to ensure thorough investigations of elder abuse cases and under 660.252 a proficiency exam for use with in-home ASSUMPTION (continued)

provider agencies for new applicants. Once the proficiency exam and the law enforcement curriculum has been developed, the administrator will act as the division liaison for law enforcement the over 1,200 law enforcement agencies to ensure that elder abuse training is accurate and revisions are made as necessary in accordance with state laws.

The manager will conduct train the trainer sessions for new law enforcement and division trainers, as necessary, and be available to speak at association meetings and law enforcement conferences across the state. The manager will conduct in-house training to establish a list of division personnel in various regions who can present on elder abuse investigations and the use of the checklist. Once the curriculum has been developed, it will be used for training staff of the law enforcement academies and within the division to train existing staff on the proper handling of cases involving elder abuse including the use of checklist. The division will add to its basic and advanced orientation this same curriculum to enhance the sections involving elder abuse that are already included in the current training program, inviting law enforcement or highway patrol personnel to present/speak at the orientation programs to meet the requirements of cross-training.

The DOH will conduct training for 800+ employees within the division in six to eight sessions across the state (depending on attendance by law enforcement personnel). The division estimates

that 16 hours of training across three days will be sufficient, requiring two overnights for approximately 40% of the staff. All staff will require meal allowances and some travel reimbursement. Anticipating maximum carpool and state cars usage, mileage is based on an average of 75 miles per car per round trip.

The DOH estimates the cost of training as follows (no cost for "trainers" included):

DOH Staff/Personnel to be trained would be approximately	800
Two overnight accommodations (40%)	320
Hotel Accommodations: \$65.00 per overnight two nights (320 x \$65 x 2)	\$41,600
Meal Allowance: \$23.00 per day; two days (800 x \$23 x 2.5)	\$46,000
Approximate Mileage: (1 car per 3 employees = 800/3 = 267 cars)	
75 average miles round-trip per car (267 x 75 x .315)	<u>\$ 6,308</u>
Total Estimated Cost of Training Department of Health and Senior Services Staff	<u>\$93,908</u>

Oversight assumes that training would be held at various sites around the state. Oversight assumes total costs of \$51,327.

ASSUMPTION (continued)

Section 660.300. 3. Promulgation of Rules:

Allows for the promulgation of rules under chapter 536. **The DOH anticipates no significant fiscal impact.**

Section 660.317 (4): Provider Definitions:

States that provider does not include the individual receiving personal care assistance or any member of such individual's immediate family. **This section will have no fiscal impact to the department.**

Section 1 Telephone Check-In Pilot Project:

Requires the DOH to establish a telephone check-in pilot project in one area of the state for purpose of documenting in-home employees times and services. The DOH Division of Senior Services in collaboration with Division of Medical Services is currently conducting a pilot program called "Telephony". Approximately 25 provider agencies are voluntarily participating in an area covering approximately three-quarters of the state. Telephony allows in-home employees to clock in and out of the client's home recording actual time and services provided. Approximately one-quarter of the state is prevented from participation as these areas do not have caller identification available. According to the projections of the telephone companies, it is anticipated that the additional areas will not have caller identification systems until the year 2003.

Participating provider agencies buy and develop their own systems. The systems range in price from \$7,000 to \$75,000 depending on the type of software and hardware that must be purchased by the agency. Upon evaluation of the pilot program, the divisions will determine the effectiveness of implementing this program statewide, however, to mandate the use of the system

by all agencies would be extremely costly to small businesses. **The DOH assumes the current pilot sufficiently satisfies the mandate of the proposed legislation and, therefore, anticipates no fiscal impact.**

Officials from the **Department of Corrections (DOC)** stated the DOC cannot predict the number of new commitments which may result from the creation of the offense(s) outlined in this proposal. An increase in commitments depends on the utilization by prosecutors and the actual sentences imposed by the court.

If additional persons are sentenced to the custody of the DOC due to the provisions of this legislation, the DOC will incur a corresponding increase in operational cost either through incarceration (FY 01 average of \$35.78 per inmate per day, or an annual cost of \$13,060 per inmate) or through supervision provided by the Board of Probation and Parole (FY 01 average of \$3.34 per offender per day, or an annual cost of \$1,219 per offender). Supervision by the DOC through probation or incarceration would result in additional unknown costs to the DOC. Eight (8) persons would have to be incarcerated ASSUMPTION (continued)

per fiscal year to exceed \$100,000 annually. Due to the narrow scope of this new crime, it is assumed the impact would be less than \$100,000 per year for the DOC.

Officials from the **Department of Social Services - Division of Medical Services (DMS)** provided the following assumptions relating to the proposed legislation:

Section 660.252 - Medicaid Participation Agreements:

The provision of the bill that requires the in-home service agencies to provide training on elder abuse

and neglect to their employees will not have a fiscal impact on the DMS. Currently there is an

administrative regulation (13 CSR 70-91.03) that requires providers to report instances of abuse and

neglect. In order for the providers to do this, the providers must train their staff on elder abuse and

neglect. Under the proposed legislation, all Medicaid participation agreements must include necessary

language on training. The agreements can be updated to include this language without a material fiscal

impact to the DMS.

Section 660.300.2. - In-home Provider Nurse Assist with Suspected Abuse/Neglect Investigation:

Department of Health and Senior Services (DOH) may authorize units for the in-home provider nurse to assist in a suspected abuse or neglect investigation. If units are authorized for the in-home provider nurse and the investigation was of a Medicaid client, the authorized units

would be paid by Medicaid.

For the in-home provider nurse to be reimbursed for services performed during the investigation the

following assumptions were made: (1) The duties performed by the nurse must be part of the duties

outlined in the Nurse Practice Act. (2) The Centers for Medicare and Medicaid Services (CMS) must

approve the services performed by the nurse during the investigation as medically necessary.

Unless

the CMS approved the services, federal matching funds would not be available for these services.

(3)

the investigational nurse visits would be in addition to the services currently being funded and any

increase in services would require additional funding which would be subject to appropriation.

The DOH estimates that 1,201 investigations will be made on behalf of Medicaid clients with the assistance of the in-home service nurse. Each investigation will require 4 units of service at a cost of \$37.85/unit. Annual cost - \$181,831 (1,201 x (4 x \$37.85)).

For purposes of this fiscal note the in-home provider nurse is assumed to be a registered nurse

licensed pursuant to chapter 335, RSMo. It is also assumed that federal matching funds would not

be available. This is based on the current climate of the CMS. The current CMS management does not

look favorably upon our current authorized nurse visit included in the current personal care program.

ASSUMPTION (continued)

Section 660.300.14. - In-home Provider Nurse May Do Assessment of the Client's Condition:

The section creates a new evaluation (Safe at Home Evaluation) of in-home service clients and the

possibility that provider nurse may conduct this evaluation and develop a plan of care. Currently the

DOH - Division of Senior Services conducts the assessment of potential in-home clients. Any changes required by this language to the assessment will be performed by the Division of Senior

Services. A fiscal impact to the DMS is expected if the provider's nurse is authorized to perform the initial assessment and establish a plan service/care. The cost impact is included in Section 660.300.15.

It is assumed the evaluation visit would be included as one of the proposed two annual visits.

Section 660.300.15. - Two Authorized Nurse Visits Annually:

Currently a personal care client may receive nurse visits for evaluation and assessment if the DOH -Division of Senior Services determines it is necessary. The individual may also receive nurse visits if they are in need of assistance with filling insulin syringes, setting up oral medications, monitoring skin conditions, diabetic nail care, or other nursing services as determined appropriate by the case manager.

Currently 28,665 adult personal care recipients do not receive a nurse visit. Individuals are reevaluated on at least a yearly basis. **Note: the number of persons not currently receiving a nurse visit has been updated and is based on more current information. The information was provided by the Department of Health and Senior Services.**

Annual Cost: $28,665 \times \$37.85$ (FY02 Medicaid nurse visit rate) $\times 2 = \$2,169,940$.

The cost for FY 03 will be \$1,808,284 (10 months); for FY 04 the cost is \$2,256,738 and \$2,347,008 for FY 05. The DMS assumes a 4% annual inflation rate for growth and increased rates. The federal match used for all years is 61.23%.

The assumption was made that only the annual nursing visits required by this legislation are beyond the current cost limitation (nursing facility cost cap). The current limitation of 26 nurse visits in a six month period would remain as stated in regulation.

Section 1. Telephone Check-in Project:

This section will not have a fiscal impact on the DMS. The following assumptions were used to arrive at this decision. The legislation will not be interpreted to mandate telephony rather to test effectiveness of telephony. The pilot project is not intended to dictate changes to payment policy such as requiring payment for fraction of hours. The DMS assumes any adjustments to the payment policy would only be made as a result of appropriated funding.

ASSUMPTION (continued)

Officials from the **Office of Prosecution Services** did not respond to our request for a statement of fiscal impact.

<u>FISCAL IMPACT - State Government</u>	FY 2003 (10 Mo.)	FY 2004	FY 2005
GENERAL REVENUE			
<u>Costs - Department of Health and Senior Services</u>			
Personal Services Costs (1 FTE)	(\$35,875)	(\$44,126)	(\$45,229)
Fringe Benefits	(\$12,916)	(\$15,890)	(\$16,287)
Equipment and Expense	(\$13,055)	(\$10,939)	(\$11,267)
Staff and Law Enforcement Training	(\$42,773)	(\$8,811)	\$0
Costs			
Additional Nurse Visits	(\$189,472)	(\$438,940)	(\$452,108)
AAA Training Costs	(\$8,333)	(\$10,300)	(\$10,609)
Total <u>Costs</u> - Department of Health and Senior Services	<u>(\$302,424)</u>	<u>(\$529,006)</u>	<u>(\$535,500)</u>
<u>Costs - Department of Corrections</u>			
Additional Commitments and Paroles	<u>(Unknown less than \$100,000)</u>	<u>(Unknown less than \$100,000)</u>	<u>(Unknown less than \$100,000)</u>
Total <u>Costs</u> - Department of Corrections	<u>(Unknown less than \$100,000)</u>	<u>(Unknown less than \$100,000)</u>	<u>(Unknown less than \$100,000)</u>
<u>Costs - Department of Social Services - Division of Medical Services</u>			
In-Home Nurse Investigations	(\$151,526)	(\$189,104)	(\$196,668)
In-Home Nurse - 2 Annual Visits	(\$701,072)	(\$874,937)	(\$909,935)
Total <u>Costs</u> - Department of Social Services	<u>(\$852,598)</u>	<u>(\$1,064,041)</u>	<u>(\$1,106,603)</u>
ESTIMATED NET EFFECT ON GENERAL REVENUE FUND	<u>(Unknown exceeding \$1,155,022)</u>	<u>(Unknown exceeding \$1,593,047)</u>	<u>(Unknown exceeding \$1,642,103)</u>

FEDERAL FUNDS

<u>Income - Department of Social Services - Division of Medical Services</u>			
Medicaid Reimbursements	\$1,107,212	\$1,381,801	\$1,437,073

<u>FISCAL IMPACT - State Government</u>	FY 2003 (10 Mo.)	FY 2004	FY 2005
<u>Costs - Department of Social Services - Division of Medical Services</u>			
Medicaid Reimbursements - Annual In- Home Nurse Visits	<u>(\$1,107,212)</u>	<u>(\$1,381,801)</u>	<u>(\$1,437,073)</u>
ESTIMATED NET EFFECT ON FEDERAL FUNDS*	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>

*** Revenues and expenditures to exceed \$1.3 million annually and net to \$0.**

<u>FISCAL IMPACT - Local Government</u>	FY 2003 (10 Mo.)	FY 2004	FY 2005
	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>

FISCAL IMPACT - Small Business

There would be an unknown fiscal impact to small businesses as they would be required to provide training for employees on the recognition of abuse and neglect, prevention and reporting. Small businesses that do not follow the mandates of the proposed legislation may be subject to penalties.

DESCRIPTION

This bill makes additions to sections pertaining to the investigation of elder abuse. In its major provisions, the bill: (1) Requires all Medicaid participation agreements between the Department of Social Services and in-home provider agencies to require that service providers be trained on abuse and neglect identification, prevention, and reporting; (2) Requires the Department of Health and Senior Services to investigate reports of abuse or neglect that indicate a clear and immediate danger within 24 hours; (3) Makes in-home services providers, employees of local area agencies on aging, home health agencies and their employees, and employees of organized area agencies on aging programs mandated reporters of abuse or neglect of an in-home services client; (4) Requires allegations of abuse or neglect reported by an in-home services provider to be investigated by the client's case manager; (5) Authorizes area agencies on aging to provide training to mandated reporters on the detection and report of abuse and neglect; (6) Requires the department to maintain contact with physicians who make reports of abuse or neglect of in-home services clients about the progress of the investigation; (7) Establishes civil penalties for in-home services providers; (8) Makes in-home services providers and home health agencies guilty of a class A misdemeanor for

DESCRIPTION (continued)

knowingly employing individuals who are on the employee disqualification list, who refuse to register with the Family Care Safety Registry, or who appear on any of the background checks included in that registry; (9) Requires evaluations, called "Safe at Home Evaluations," to be conducted to determine a client's physical, mental, and environmental capacity and to assure that the client has the appropriate services and professionals involved in his or her care; (10) Requires nurse visits at least two times a year to assess clients and their plan of services and to report the results of the assessment to the case manager. If a change in the plan of services is necessary, the provider must notify the department so that a client evaluation can be conducted. If the department has authorized services, nurse visits must be reimbursed to the in-home services provider outside of the nursing home cap for in-home clients whose services have reached 100% of the average statewide charge for care and treatment in an intermediate care facility; (11) Requires in-home services clients to be advised of their rights by the department. These rights include the right to contact the department about dissatisfaction with in-home services or providers; (12) Requires the department to investigate reports of elder abuse, refer these reports to the appropriate law enforcement agency and prosecutor, and determine whether protective services are required; (13) Requires employees of the department and law enforcement personnel to be trained in the handling of elder abuse cases and to develop a checklist for investigating reports of elder abuse; and (14) Requires the department to establish a telephone check-in pilot project for in-home services employees by July 1, 2003.

The bill also makes certain technical changes.

This legislation is not federally mandated, would not duplicate any other program and would not require additional capital improvements or rental space.

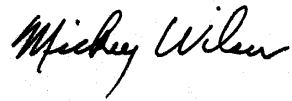
SOURCES OF INFORMATION

Office of Secretary of State
Office of Administration - Administrative Hearing Commission
Office of State Public Defender
Department of Public Safety -
 MO Veterans' Commission
 Missouri Highway Patrol
Department of Mental Health

HW-C:LR:OD (12/01)

Office of State Courts Administrator
Department of Corrections
Office of Attorney General
Department of Social Services
Department of Health and Senior Services

NOT RESPONDING: Office of Prosecution Services

A handwritten signature in black ink that reads "Mickey Wilson". The signature is written in a cursive, flowing style.

Mickey Wilson, CPA
Acting Director
March 20, 2002